MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		2				
4		3				
5		2				
6		2				
7	/					
8	/					
9		/				
10						
11						
12		2				
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	1					
TOTAL CLAIMS	12					

		IND	DEP	IND	DEP	IND	DEP
	51						
	52						
	53						
	54						
	55						
	56						
	57						
	58						
	59						
	60						
	61						
	62						
	63						
	64						
	65						
	66						
	67						
	68						
	69						
	70						
	71						
	72						
	73						
	74						
	75						
	76						
	77						
	78						
	79						
	80						
	81						
	82						
	83						
	84						
	85						
	86						
	87						
	88						
	89						
	90						
	91						
	92						
	93						
	94						
	95						
	96						
	97						
	98						
	99						
	100						
	TOTAL IND.						
	TOTAL DEP.						
	TOTAL CLAIMS						